



The Kidney and Hypertension Center Scholarship

The Kidney and Hypertension Center (KHC) is pleased to announce the return of our annual scholarship. The scholarship application period will start on January 1st, 2026 to help highlight Kidney Awareness Month.

Scholarship Information

- **Purpose of Scholarship:** In a world increasingly challenged by health crises and complex medical needs, supporting students interested in medicine is more crucial than ever. Scholarships like the KHC Scholarship not only alleviate financial barriers for these dedicated students but also symbolically invest in the betterment of global health. By nurturing their education and passion, we are investing in a healthier, more resilient future for all.
- **Award Amount:** \$2500
- **Number of Awards:** Two (2) Scholarships

All applicants must complete the entire application and submit it to khcscholarship@khccares.com by the end of day on April 6th, 2026. The winner of the scholarship will be selected and notified by April 27th, 2026.

Eligibility: Is limited to applicants who meet all the following criteria:

- Applicants must be in their senior year of high school in the year 2026.
- All applicants must have a minimum GPA of 3.0 or its equivalent
- The application must be completed in its entirety.

Rules and Regulations

- The award will be given during the 2026 Cincinnati Kidney Walk.
- The award must be used toward tuition, fees, room and board, books, or other education-related expenses.
- The award will be renounced if not used within two (2) years of issuance.
- The winner will attend a photo op to receive their award. The award will be given during the 2026 Cincinnati Kidney Walk with the time TBD.
- The winner allows KHC to use their name and photo in marketing and social media for scholarship promotion.

Selection Process

Applications will be reviewed by a panel of healthcare professionals and educators associated with KHC. Selection will be based on academic excellence, the quality of the essay, and demonstrated passion for the field of medicine.



Scholarship Application

Student Information

First Name _____

Last Name _____

Date of Birth _____

Contact Information

Email _____

Phone Number _____

Mailing Address _____

High School Information

Name of High School _____

Current GPA _____

Please submit a transcript or proof of GPA from a school counselor

College Information

Anticipated Major Field of Study _____

Anticipated College/University _____

Status of Acceptance **Accepted** **Pending Acceptance**

Essay

- Please attach a one (1) page essay describing yourself and your interest in a career in the field of medicine.
- Suggestions Include:
 - Describe how your aspirations in medicine relate to your personal experiences or life goals.
 - Discuss a specific moment or experience that solidified your interest in pursuing a medical career.
 - How do you envision using your medical education to impact your community or the field of medicine?

Consents

- I confirm that the information in this application is accurate to the best of my knowledge.
- I have read the Eligibility Requirements and agree to the Rules and Regulations.

Name of Applicant (Print or Type)

Signature of Applicant

Date